Commission is attached to the complaint which accompanies this request for counsel.

25 26

Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

27 28

No

IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B AND C. B. Do you question the correctness of the Commission's "no reasonable cause" determination? 6 Yes 7 C. If you answered "yes" to question 3B, what are your reasons for questioning the Commission's determination? Be specific and support your objections with fact. Do not simply 8 repeat the allegations made in your complaint; the court will review your complaint in considering this 9 10 request for counsel. lost Perception and as a result 11 I felt of and hera my well, you are free so check my medical records 13 that support my allegations and 15 my latests Phistcal condition 16 17 on my elbow also and the 18 rations last year and all 19 20 The morfor that I took to ease the pain that I went to the 21 22 23 24 25 26 27 28 (Attach additional sheets as needed)

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| | 4. Have you talked with any attorney about handling your claim? |
|------|--|
| | Yes No |
| | If "YES," give the following information about each attorney with whom you talked: |
| | Attorney: Herry Efneal |
| : | When: Today Nos/8+h/07 |
| . (| Where: San Dread CA. |
| 7 | How (by telephone, in person, etc.): by Phone 619) 8121-0933 |
| 8 | Why attorney was not employed to handle your claim: He sould that |
| 9 | He does not goes that high in |
| 10 | |
| 11 | |
| 12 | Attorney: Lawyer Referal and before offer |
| 13 | When:oda |
| 14 | Where: Son Mego County Bax Association |
| 15 | How (by telephone, in person, etc.): lex Phone 619) 231 8585 |
| 16 | Why attorney was not employed to handle your claim: |
| 17 | hey reference to the USD |
| 18 | legal Chric |
| 19 | $C \subset D$ |
| 20 | Attorney: Legal (//n/c |
| 21 | When: tes fer day |
| 22 | Where: _ Street and fres Street un San Drego County |
| 23 | How (by telephone, in person, etc.): herson at 2:30 pm |
| 24 | Why attorney was not employed to handle your claim: |
| 25 | They said that they do not |
| 26 | hardle this type of cases |
| 27 | and sended me to the Laurer Relea and |
| 28 | (Attach additional sheets as needed) |
| | ::ODMA\PC'DOC'S\WORDPERFECT\23\126\1_Muy 27, 1990 (3:47pm) 3 |
| }} - | 3 |

| | 5. Explain any other efforts you have made to contact an attorney to handle your claim: |
|------------|---|
| : : | by the Hellow Boes and |
| | by the Word of mouth |
| | |
| . 5 | and by asking to lawyers |
| ϵ | 6. Give any other information which supports your application for the court to appoint an |
| 7 | The same of the deposit to appoint all |
| . 8 | |
| 9 | 13 to rent on this type of issues |
| 10 | and I three real hard but |
| 11 | and I thred real hard but I could not find any some that could |
| . 12 | 7. Give the name and address of each attorney who has represented you in the last 10 years |
| 13 | for any purpose: |
| 14 | |
| 15 | as to |
| 16 | T LOVE VV |
| 17 | |
| 18 | |
| 19 | (Attach additional sheets as needed) |
| 20 | 8. I cannot afford to obtain a private attorney. The details of my financial situation are listed |
| 21 | below: |
| 22 | A. <u>Employment</u> |
| 23 | |
| 24 | Are you employed now? yes no am self-employed Name and address of employer: |
| 25 | realite and address of employer: |
| 26 | |
| 27 | |
| 28 | |
| 20 | |
| - 11 | |

| : | |
|-----|--|
| 1 | If employed, how much do you earn per month? |
| 2 | If not employed, give month and year of last employment: 2000 May |
| 3 | How much did you earn per month in your last employment? Do not temen bey |
| 4 | If married, is your spouse employed? yes _x no |
| 5 | If "YES," how much does your spouse earn per month? |
| 6 | If you are a minor under age 21, what is your parents' or guardians' approximate monthly |
| 7 | income? |
| 8 | |
| 9 | B. Assets |
| 10 | (i) Other Income |
| 11 | |
| 12 | Have you received within the past 12 months any income from a business, profession or other |
| 13 | form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity |
| 14 | payments or other sources? yes |
| j | If "YES," give the amount received and identify the sources: |
| 15 | \$ Received Source |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 0 | |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 (| (Attach additional sheets as necessary) |
| | |
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| 21 | · |

| : 1 | (ii) <u>Cash</u> |
|--------|---|
| 2 | Have you any cash on hand or money in savings or checking accounts? yesno |
| 3 | If "YES," state total amount: |
| 4 | (iii) <u>Property</u> |
| 5 | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property |
| 6 | (excluding ordinary household furnishings and clothing)? yes |
| 7 | If "YES," give value and describe it: |
| 8 | <u>Value</u> <u>Description</u> |
| 9 | |
| 10] | |
| .11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | C. Obligations and Debts |
| 16 | (i) <u>Dependents</u> |
| 17 | Your marital state is: single married widowed, separated or divorced. |
| 18 | Your total number of dependents is: |
| 19 | List those person you actually support, your relationship to them, and your monthly |
| 20 | contribution to their support: |
| 21 | Name/Relationship Monthly Support Payment |
| 22 | wife in Nexico J. 500,00 amont |
| 23 . | |
| 24 . | |
| 25 . | |
| 26 . | |
| 27 - | |
| . 8 | |
| | |
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| | (ii) <u>Debts and Monthly Bills</u> |
|------|--|
| 2 | danks, ioan companies and charge accounts, etc. |
| 3 | Total Debt Monthly Paymen |
| 4 | |
| 5 | Mortgage |
| 6 | |
| 7 | Others: food exprenses Bills for electricity |
| . 8 | Dillo Calentaining |
| 9 | 181115 For Evering Ty |
| 10 | Mater massor |
| 11 | |
| 12 | tation and a creally |
| 13 | |
| . 14 | Nater, transport tation and acreally living expenses |
| 15 | 9. <u>Signature</u> |
| 16 | I declare under penalty of perjury that the above is true and correct. |
| 17 | |
| 18 | Dated: Nov / 8xh / 07 |
| 19 | Doncolreko |
| 20 | Signature |
| 21 | (Notarization is not required) |
| 22 | |
| 23 | |
| 24 | |
| 25 | |
| 26 | |
| 27 | |
| 28 | |
| | |